

Organization Name: _____

Organization City/State: _____

Date: _____

To: Reed Sprague, Agent for Brotherhood Mutual Insurance Co.

From (please print full name): _____

Your Title at the Organization: _____

Re: Above-named Organization's Additional Insured

Dear Reed Sprague:

This letter is to verify the above-named organization's additional insured interests.

_____ Our organization has no additional insured interests to list on our insurance policy. If NONE, initial here: _____, skip remainder & sign below. OR:

We have the following additional insured interests:

Additional Insured 1: __MR __LP __AP __AL __AO Loan, Ref., Account #:
[company, address, contact, account #, Equip. model/serial #]

Additional Insured 2: __MR __LP __AP __AL __AO Loan, Ref., Account #:
[company, address, contact, account #, Equip. model/serial #]

Additional Insured 3: __MR __LP __AP __AL __AO Loan, Ref., Account #:
[company, address, contact, account #, Equip. model/serial #]

Additional Insured 4: __MR __LP __AP __AL __AO Loan, Ref., Account #:
[company, address, contact, account #, Equip. model/serial #]

Signature of Authorized Organization Representative

Date Signed